

Figure SC810.F36. "Evidence Required in Support of a Claim for Work-Related Psychiatric Illness" Checklist

Evidence Required in Support of a Claim
for Work-Related Psychiatric IllnessU.S. Department of Labor
Employment Standards Administration
Office of Workers Compensation Programs

IF YOU ARE FILING A CLAIM FOR A PSYCHIATRIC CONDITION, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. Give a detailed chronological description of particular employment factors which you believe caused your condition. Please identify dates, periods, events, people involved, etc.	<input checked="" type="checkbox"/>	7. Review and comment on the employee's statements provided in response to questions 1-5. Submit statements from witnesses, if appropriate.	<input checked="" type="checkbox"/>
2. Describe the progress and development of the work-related condition from its beginning.	<input type="checkbox"/>	8. Provide a detailed statement describing the duties of the employee and the manner in which the duties were performed. If the work was different or more stressful than that performed by other employees, this should be explained.	<input type="checkbox"/>
3. Have you previously suffered from this or a similar condition? If so, give details of symptoms, disability and treatment records from all physicians and hospitals where you were treated.	<input type="checkbox"/>	9. Document any personnel actions described in the employee's statement, such as changes in assignment, grievances filed by the employee, and other adverse personnel actions.	<input type="checkbox"/>
4. Give a brief description of your personal activities, hobbies, and any other employment.	<input type="checkbox"/>	10. Give the number of hours worked per day, days per week and the extent of overtime duty worked.	<input type="checkbox"/>
5. Describe changes or other sources of stress in your personal life occurring in the same time frame.	<input type="checkbox"/>	11. Provide a day-by-day listing of leave and leave without pay used due to this condition.	<input type="checkbox"/>
6. Attach or forward a medical report as described on the reverse.	<input type="checkbox"/>	12. Attach copies of the employee's: <ul style="list-style-type: none"> a. SF-171, Application for Employment. b. Position description with physical requirements. c. Preemployment medical examination. d. All other pertinent medical reports available. e. Most recent SF-50, Notification of Personnel Action. 	<input type="checkbox"/>